

(Requ	uestor's Name)	
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(Oit).	Old College	<i>,</i>
PICK-UP	☐ WAIT	MAIL
	ness Entity Nar	me)
(Dusi	ness Linky iva	ne,
(Doci	ument Number)	
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	
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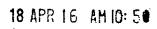
R. WHITE APR 1 6 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: DCRUZ REMODI	ELING GROUP, INC			
DOCUMENT NUME					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	CRUZ, DIANA				
	10 PM	Name of Contact Person	n		
	DCRUZ REMODELING GROUP, INC				
	 	Firm/ Company	· · · · · · · · · · · · · · · · · · ·		
	1741 NE 56 ST	,			
		Address			
	FT LAUDERDALE, FL 333	34			
		City/ State and Zip Cod	e		
GUID	PIPA@HOTMAIL.COM				
	-	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call: at {	. 4624254		
Name o	of Contact Person	at { Area Co	de & Daytime Telephone Number		
	r the following amount made		,		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ndment Section sion of Corporations Box 6327 shassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle eassee, FL 32301		

Articles of Amendment Articles of Incorporation



	of	
DCRUZ REMODELING GROUP, INC		
(Name of Corpora	ation as currently filed with	the Florida Dept. of State)
P18000018083		
(Doc	cument Number of Corporation	ı (if known)
Pursuant to the provisions of section 607.1006. Flor its Articles of Incorporation:	rida Stannes, this <i>Florida Prof</i>	fit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or th	orp," "Inc," or "Co". A proj	
B. Enter new principal office address, if applical	ble:	
Principal office address <u>MUST BE A STREET AI</u>		
	• • • • • • • • • • • • • • • • • • • •	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	BOX)	
D. If amonding the periotograph agent and/on various	tound office address in Florid	la anton the name of the
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered.		ia, enter the name of the
-		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
•	(City)	(Zip Code)
New Registered Agent's Signature, if changing R		
hereby accept the appointment as registered agent	t. I am familiar with and acce	pt the obligations of the position.
c:	anature of New Pagistaned to	ant if chauging
Si	gnature of New Registered Ago	ent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President. Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Do	n <u>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>mes</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		NORGEN F OVIEDO	5801 SW 12th CT
X Add				North Lauderdale, Fl. 33068
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				-
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	<u>cles, enter change(s) here</u> : (Be specific)
•	
	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

•	04/12/2018	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date wi epartment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
04/12/2019 Dated	8	
Signature	- Serve	
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Diana Cruz	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	